

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90027 015 \*\*\*150.00

**DOCUMENT # P04000057863**

1. Entity Name  
**ST. JOHNS PHARMACY, INCORPORATED**



Principal Place of Business  
3100 US HWY 1 S  
SUITE 5  
ST AUGUSTINE, FL 32086

Mailing Address  
3100 US HWY 1 S  
SUITE 5  
ST AUGUSTINE, FL 32086

40012262



01272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1722302

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TANTON, DANNY  
925 BAYSIDE BLUFF RD  
JACKSONVILLE, FL 32259

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BURGHARDT, JOE  
1437 HOPKINS CREEK LANE  
NEPTUNE BEACH, FL 32266

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
TANTON, DANNY  
925 BAYSIDE BLUFF RD  
JACKSONVILLE, FL 32259

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
CARR, DANIEL  
3100 US B HWY 1 S - SUITE 5  
ST. AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
ARNETT, KEN  
3100 US B HWY 1 S - SUITE 5  
ST. AUGUSTINE, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_